

<b>Case Number:</b>	CM13-0002085		
<b>Date Assigned:</b>	10/17/2013	<b>Date of Injury:</b>	01/11/2012
<b>Decision Date:</b>	01/02/2014	<b>UR Denial Date:</b>	07/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 01/11/2012. The primary diagnosis is 719.31 or palindromic rheumatism of the shoulder. This patient is status post a right shoulder diagnostic arthroscopy and capsulorrhaphy on 12/11/2012. The patient has attended 25 physical therapy sessions so far. As of 05/13/2013, the patient achieved right shoulder flexion of 119 degrees with abduction of 97 degrees and internal rotation of T10 and external rotation of 50 degrees. As of 06/07/2013, a physical therapy note reported decreased range of motion and a plan for continued physical therapy. As of 06/11/2013, the patient had elevation of 135 degrees with abduction of 110 degrees, external rotation of 35 degrees, and internal rotation to T8. The initial physician review noted that the Chronic Pain Medical Treatment Utilization Scheduled recommended 24 visits postoperatively plus a fading frequency of a home exercise program. This physician reviewer noted the patient has attended 25 postoperative physical therapy visits so far and that the patient had improvement in physical therapy. Therefore, the reviewer modified the request for 6 visits to allow for continued functional assessment and reevaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Additional post-op physical therapy 2 times per week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The Medical Treatment Utilization Schedule, Post-Surgical Treatment Guidelines, Section 24.3, states, "If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the post-surgical physical medicine." Moreover, the Chronic Pain Medical Treatment Guidelines Section on Physical Medicine, page 99, recommends, "Allow for fading of treatment frequency plus active self-directed home physical medicine." A review of the records indicates that the guidelines anticipate that this patient would have transitioned by now to an independent home rehabilitation program. If further supervised therapy were instead indicated, the guidelines would anticipate a specific prescription outlining the particular functional goals requiring supervised rather than independent rehabilitation. The medical records at this time do not contain this additional supporting rationale for additional supervised physical therapy. The request for additional post-op physical therapy 2 times per week for 6 weeks is not medically necessary.